## Request for Quotation/ Invitation To Bid Issued by State of Indiana

Vendor Remit to:

PUBLIC NOTICE TO BIDDERS

STATE OF INDIANA

DEPARTMENT OF ADMINISTRATION IN

Name&Address

999999999

of Vendor:

PUBLIC NOTICE TO BIDDERS

STATE OF INDIANA

DEPARTMENT OF ADMINISTRATION IN

Please Follow Instructions Included in Solicitaion Package

Must be returned by(time and date) 07/01/2011 15:00:00 Request Information from Buyer listed in Box in Upper Right Corner

RFQ/ITB 0000018238

Date **Delivery Date** 04/15/2011

Page 1 of 2

Fund/Object/Center:

Dept Number:

Project Number: Requisition No:

From Reg ID - 0000018238 Poole, Frank-061

Buyer:

Reporting Code:

Federal ID:

Agency Number:

Facility:

00502

Ship To: DCS ISETS 131 E Court Street

131 E COURT ST 2ND FL INDIANAPOLIS IN 46204

\*\*NOTICE: All prices are assumed valid for ninety (90) days from quotation/bid unless otherwise stated.

Line Quantity UOM Item No/Description

(FOB Destination)

**Unit Price** Extended Amt

ATTENTION - New requirements. Prior to award of this solicitation your business must register as a bidder at www.in.gov/idoa. Click on the Procurement link to the left, then Bidding on State Contracts and then Bidder Registration. Please be sure to complete the Buy Indiana certification page. It is preferred that businesses register immediately, so that delay of solicitation award would not occur. This registration is maintained by you and you may update your information at any time. It remains in the database and covers all solicitation responses you submit to any state agency. It is very important that it be kept current. If you do not have access to a computer, you may call 317-232-6870 for assistance with your registration.

DIRECT DEPOSIT OBLIGATIONS As required by IC 4-13-2-14.8:

Notwithstanding any other law, rule, or custom, a person or company who has a contract with the State or submits invoices to the state for payment shall authorize in writing the direct deposit by electronic funds transfer of all payments by the state to the person or company. The written authorization must designate a financial institution and an account number to which all payments are to be credited. For forms and additional information see the Auditor of State's website at www.in.gov/auditor/2274.html

All companies desiring to do business with state agencies must complete an "Indiana Economic Impact" form. The form asks for, among other information:

- a. The amount of the contract that is being allocated for payroll and benefits to Indiana residents
- b. The amount that is being awarded to Indiana subcontractors and suppliers
- c. The amount that is being subcontracted to Indiana certified minority and women owned businesses

The collection and recognition of the information collected with the Indiana Economic Impact form places a strong emphasis on the economic impact a project will have on Indiana and its residents regardless of where a business is located. The collection of this information does not restrict any company or firm from doing business with the state. 5.6a.fe.

## NOTICE TO INDIANA SMALL BUSINESS BIDDERS

The vendor assures that if they are receiving this award based on the Indiana Small Business Preference that the vendor will be performing a minimum of 80% of the work involved with their own forces. This contract is not assignable either in whole or in part, nor shall it be subcontracted after award without the State's prior written consent

By signing the certification page of the solicitation package you are certifying adherence to all bid requirements as well as the above notice.

If the M/WBE participation level will exceed or fail to meet the goals outlined in the contractor's proposal, you must notify the M/WBE office immediately at MWDBE@idoa.in.gov. In the event that the contractor fails to report changes in participation attainment, demonstrate a good faith effort to reach the participation goals, pay the MBE and WBE in a timely manner or satisfactorily resolve any outstanding claims, the department may elect to withhold a disputed amount from the payments due to the contractor, suspend or terminate the contract, recommend suspension of the contractor's certification status with the public works division, and/or suspend, revoke, or deny the MBE or WBE certification and eligibility to participate in the MBE or WBE program per (25 IAC 5-7-8).

A FULLY COMPLETED, SIGNED BID PACKAGE IS REQUIRED. THE STATE REQUESTS THAT ALL QUESTIONS REGARDING THE SOLICITATION BE SUBMITTED BY JUNE 17, 2011 AT 5:00PM.

NOTE; SEE ATTACHED FUNCTIONAL REQUIREMENTS AND INSTRUCTIONS PROVIDED FOR EACH SET OF REQUIREMENTS DOCUMENTED.

Respondents must complete attached files and submit these files to the State with the response. The respondents must send one (1) electronic copy and one (1) hard copy.

If any one or more of the listed criteria on which the responses to this quote or bid will be evaluated are found to be inconsistent or incompatible with applicable federal laws, regulations or policies, the specific criterion or criteria will be disregarded and the responses will be evaluated without taking into account such criterion or

SF#23348(R13/8-02) Electronic Version-Approved by SBA,2002

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Date Delivery Date 04/15/2011 05/31/2011 Page 2 of 2

Fund/Object/Center:

Dept Number:

Project Number: Requisition No:

From Req ID - 0000018238

Buyer: Poole,Frank-061

Reporting Code:

Federal ID:

Agency Number:

00502

Facility:

Ship To: DCS ISETS 131 E Court Street

131 E COURT ST 2ND FL INDIANAPOLIS IN 46204

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Line Quantity criteria.

UOM

Item No/Description

(FOB Destination)

Unit Price Extended Amt

1.0

1.0000 EA

36 month subscription for 100 Enterprse Licenses for a PROJECT

PORTFOLIO MANAGEMENT TOOL

Freight Terms: FOB DEST

Ship Via: VENDOR

The following UN/CEFACT Unit of Measure Common Codes are used in this document:

EA Each

To be valid, all Quotations/Bids must be Signed manually.

The State of Indiana reserves the right to accept or reject whole or any part of, the foregoing Quotation/Bid.

Please correct above Address

Representative Signature certifies no quotation/bid on this request has been submitted by officers, representatives or an affiliate of this firm under another name.

Typed Name of Representative

Telephone Number ( )

Title of Representative

Date of Quotation

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